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**TB CARE I**

# **TB CARE I - Cambodia**

**Year 3 (continuation)  
Quarterly Report  
October-December 2013**

**January 30, 2014**

## Quarterly Overview

<b>Reporting Country</b>	<b>Cambodia</b>
<b>Lead Partner</b>	<b>JATA</b>
<b>Collaborating Partners</b>	<b>FHI360, KNCV, MSH, WHO</b>
<b>Date Report Sent</b>	
<b>From</b>	Jamie Tonsing
<b>To</b>	Chantha Chak
<b>Reporting Period</b>	<b>October-December 2013</b>

### Most Significant Achievements

**Childhood TB:** TB CARE I continued to support implementation of childhood TB in 27 ODs. During this reporting period, a team from TB CARE I and CENAT made several visits to health centers in Battambang, Bantey Meanchey and Kampot to provide on the job training and perform supervision. Following efforts to improve the skill and use of chest of x-rays by physicians, there is an increase in the proportion of pulmonary TB diagnosis among children, as well as an increase in uptake of INH Preventive Therapy (IPT).

- In the 27 ODs, 9,129 children in contact with pulmonary TB cases were referred from health centers to referral hospitals for further diagnosis. Of those, 1400 (15.3%) children were diagnosed with TB and registered for treatment.
- The proportion of pulmonary TB diagnosed among children has been increasing each quarter -19% in Jan-Feb 2013, 21 % in Apr-June 2013, 22% in Jul-Sept 2013, and 28% in Oct-Dec 2013.
- 961 children eligible for IPT were registered for treatment during the first three months of 2014 fiscal year, compared to 682 children started on IPT during the entire year in 2013

**TB among the elderly:** Semi-active case finding of TB, targeting the elderly was completed during this quarter. A total of 26,249 people, aged 55 years and older, from 302 villages in 2 ODs in Takeo Province (OD Kirivong and OD Preykabas) were targeted. Preliminary results show that, 5,569 (21%) of the target population were screened by village health support groups (VHSGs), 4,672 (83%) were seen at the health centres (HC) for further screening, and 1,489 (31.9%) and 1,000 (21.4%) were tested by X-ray and sputum examination, respectively. In total, 305 (5.5%) of the population screened by VHSGs were diagnosed with TB in this population, much higher than results of the 2011 national prevalence survey (1.8% for those between 55 to 64 years, 3% for those who are 65 years and older). The ratio of smear positive and smear negative cases through this semi-active case finding was 1:42, compared to 1:2 in the national prevalence survey, indicating a possibility for over-diagnosis of smear negative TB cases. This could be because of the new multi-symptom screening algorithm and/or the lack of capacity of local staff that were responsible for actual operations. This project was an attempt in using routine NTP system to "routinize" active case finding efforts, so central supervisors were not as involved as in other active case finding activities.

**Resource mobilisation:** The national TB program (NTP) submitted an interim funding application to the Global Fund for the period April-Dec 2014, to cover the period following the end of the current GF grant in March 2014. TB CARE I assisted CENAT to respond to questions from the Global Fund, as part of the grant negotiation process. In addition, TB CARE workplan for 2014 was revised considering CENAT's interim application. Activities that were previously supported by TB CARE I and which have now been included in the interim application were excluded. In the coming months, TB CARE I will assist CENAT to deliberate on the new strategic plan (2014-2020), which will be a critical document for the GF standard application.





**E-TB Manager System:** (i) Nine of the total 11 MDR-TB treatment sites and 3 laboratories are implementing e-TB Manager while the remaining two sites are not functional at the moment because no patient has been registered. (ii) 90% of DR-TB patients enrolled since 2011 are uploaded into e-TB Manager (iii) Monthly supervision to e-TB Manager implementation sites is being conducted regularly to support health staff at PMDT sites in data entry and provide on the job training. (iv) New Data Analysis Tool has been deployed into Cambodia web space for testing and generating reports according to the customization requested by NTP of Cambodia. Graphs showing the transactions and MDR-TB cases entered in e-TB manager system can be seen in section 6 (Photo Album/ Charts) of this report.




**Overall work plan implementation status**




TB CARE I has continued with most on-going activities during the reporting period. Some partners with no carryover amount from APA3/2013 have had to prioritise activities while awaiting for APA4 funds. Full scale implementation could not be carried out but all essential activities were continued without disruption in services.

**Technical and administrative challenges**

## Quarterly Activity Plan Report




1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Active case finding (ACF): elderly	WHO	68.916	 100%	Sep	2013	Semi-active case finding of TB, targeting the elderly was completed during this quarter. A total of 26,249 people, aged 55 years and older, from 302 villages in 2 ODs in Takeo Province (OD Kirivong and OD Preykabas) were targeted. Preliminary results show that, 5,569 (21%) of the target population were screened by village health support groups (VHSGs), 4,672 (83%) were seen at the health centres (HC) for further screening, and 1,489 (31.9%) and 1,000 (21.4%) were tested by X-ray and sputum examination, respectively. In total, 305 (5.5%) of the population screened by VHSGs were diagnosed with TB in this population, much higher than results of the 2011 national prevalence survey (1.8% for those between 55 to 64 years, 3% for those who are 65 years and older). The ratio of smear positive and smear negative cases through this semi-active case finding was 1:42, compared to 1:2 in the national prevalence survey, indicating a possibility for over-diagnosis of smear negative TB cases. This could be because of the new multi-symptom screening algorithm and/or the lack of capacity of local staff that were responsible for actual operations. This project was an attempt in using routine NTP system to "routinize" active case finding efforts, so central supervisors were not as involved as in other active case finding activities.
	1.1.2	Active case finding (ACF): Diabetes	FHI360	14.802	 100%	Sep	2013	TB CARE I began working with CENAT and the Department of Preventive Medicine (PMD) to establish linkages between diabetes and TB services in four pilot hospitals since APA3. Monthly meetings to follow up the performance of and the linkage between OPD, TB unit and diabetes clinics have been postponed till APA4 funds become available
	1.1.3	Patient Centered Approach (PCA)	WHO	44.545	 100%	Sep	2013	Implementation of QUOTE TB Light has been completed at 5 health facilities, as planned. In addition, a translated version of the Patient's Charter was distributed to the health care workers at the implementation sites, also as planned. Additional follow-up to monitor the effects of the project is planned.
	1.1.4	Quality Improvement (QI)	FHI360	36.863	 100%	Sep	2013	The quality improvement model is being implemented in 38 health centres in Kampong Cham and Chamkar Leu OD. During this quarter, 1462 presumptive TB cases referred by VHSGs reported to the health centres (HC), down from 1,563 in the previous quarter. Reflecting this, the number of TB diagnosed (all forms) decreased from 224 to 201 cases. As a means to prioritise activities while awaiting for APA4 funds, monthly learning sessions among C-DOTS volunteers, private providers, religious leaders and commune council members at HCs were postponed, and this may have effected the performance during the quarter.
	1.1.5	TB screening manual	FHI360	10.067	Cancelled			Cancelled activity -this deliverable was linked to a core project (to develop a manual for TB screening) which was not approved. Planned activity in-country was to document Cambodia's experience on screening of risk groups as a case study for the manual.





Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Childhood TB services: expand to 27 ODs	JATA	177.879	 100%	Sep	2013	<p>TB CARE I continued to support implementation of childhood TB in 27 ODs. During this reporting period, a team from TB CARE I and CENAT made several visits to health centers in Battambang, Banteay Meanchey and Kampot to provide on the job training and perform supervision. Following efforts to improve the skill and use of chest of x-rays by physicians, there is an increase in the proportion of pulmonary TB diagnosis among children, as well as an increase in uptake of INH Preventive Therapy (IPT).</p> <p>(i) In the 27 ODs, 9,129 children in contact with pulmonary TB cases were referred from health centers to referral hospitals for further diagnosis. Of those, 1400 (15.3%) children were diagnosed with TB and registered for treatment. (ii) The proportion of pulmonary TB diagnosed among children has been increasing each quarter -19% in Jan-Feb 2013, 21 % in Apr-June 2013, 22% in Jul-Sept 2013, and 28% in Oct-Dec 2013. (iii) 961 children eligible for IPT were registered for treatment during the first three months of 2014 fiscal year, compared to 682 children started on IPT during the entire year in 2013.</p>
	1.2.2	Childhood TB: PPD	WHO	62.150	 100%	Sep	2013	Procurement process completed.
	1.2.3	Prisons TB services: expand to 10 prisons	FHI360	76.141	 100%	Sep	2013	<p>During the reporting period, TB CARE I collaborated with CENAT and the General Department of Prisons to continue with the annual mass screening of prison inmates in Takmao prison, from 30 Sep to 4 Oct 2013. Prison inmates were screened using symptoms, mobile chest x-rays, sputum smear examination using microscopy and GeneXpert tests. 301 inmates were screened, 5 (1.6%) of whom were diagnosed with TB and started on treatment.</p> <p>This quarter, in collaboration with PHD and OD of Kg Cham, TB CARE/FHI 360 continued to mentor/ coach cell leaders of prisons in Kg Cham and CC3 to improve the identification and referral of co-prisoners with symptoms suggestive of TB to the prison health post.</p>

<b>1.2.4</b>	Prisons: Assess engagement	FHI360	7.632	 100%	Sep	2013	Completed in previous quarters. Cambodia participated in the core project "Scaling up engagement of prisons". Four delegates from Cambodia participated in the regional workshop for seven countries held in Jakarta from 10-14 Dec 2012. The delegates presented their assessments of the current situation and developed action plans for scaling up prison engagement in TB control.
<b>1.2.5</b>	PPM: Implementation	FHI360	82.745	 100%	Sep	2013	<p>The proportion of referred TB suspects reporting to public health facilities slightly increased from 78% in previous quarter to 79% during this quarter. However, the number of TB cases (all forms) diagnosed among referred suspect decreased from 151 to 116 cases (excluding Kg Cham data which is not yet available.)</p> <p>In addition, TB CARE I and CENAT conducted the annual PPM workshop in Kandal on 1 October 2013. 73 participants (15 females) from seven ODs attended the workshop. Common issues highlighted for improvements are for public health care providers to provide systematic feedback on clients referred by private providers, and to improve the quality and timeliness of PPM reports. 45 health care providers- from both the private and public sector - with outstanding performance were awarded certificates of appreciation during the workshop. In addition, following trainings in previous quarter, the new SMS system for PPM referrals is now operational from this quarter. The system is expected to help improve the referral system by letting public care providers provide feedback on clients referred by private providers through SMS – whether the client reported to the public health facility and what diagnosis was made.</p>
<b>1.2.6</b>	PPM: Hospital engagement	FHI360	55.727	 100%	Sep	2013	Linked to activity 1.1.2- to strengthen internal linkages between OPD, TB unit and diabetes clinic within the selected hospital, and external linkages with the NTP.







Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative	Month	Year	Cumulative Progress and Deliverables up-to-date
1.3 Reduced patient and service delivery delays (Timing)	1.3.1	IT-SMS project	FHI360	76.100	100%	Sep	2013	<p>TB CARE I took opportunity of HC staff meetings at OD level to introduce the new TB SMS system and to demonstrate how to send smear details using the new system. 15 participants (2 females) from the 15 HCs implementing the old system attended the meetings, held on 01 and 05 November 2013. In addition, TB CARE took opportunity of refresher training for VHSG/C-DOT volunteers to demonstrate how to read TB SMS result, held on 12 and 18 December. 26 participants (7 females) attended the trainings. The new SMS system now is implemented in all 38 HCs of the two ODs.</p> <p>The SMS alert system for delivering smear microscopy results continues to maintain turnaround time of less than 5 days - 3 days during this quarter.</p>
	1.3.2	IT-SMS project review	FHI360	8.606	100%	Jun	2013	In the previous quarter, data entry and data analysis for the SMS project evaluation to assess the effectiveness of the TB SMS alert system was completed. During this reporting period, the TB SMS evaluation report was finalized and has been shared with the NTP.
					100%			



2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	EQA: Sputum Microscopy	JATA	50.000	100%	Sep	2013	TB CARE I continues to work closely with CENAT to strengthen and monitor the quality of TB lab by implementing EQA for sputum microscopy. During this reporting period, 87 TB lab participated in the TB lab EQA process of cross checking smear slides, on site evaluations and feedback, and quarterly workshop for improvement. Report from this quarter shows that 75/87(86%) of the TB labs maintained correct performance of more than 95%. The workshop provided recommendations for the TB labs with low performance to make improvement for the next quarter.
	2.1.2	Diagnostic capacity improvement	JATA	159.988	100%	Sep	2013	Health centers from the project sites (10 provinces) continued to refer smear-negative TB suspects to referral hospitals for further diagnosis including chest x-ray examination. 1172 TB suspects were referred to hospitals during the quarter, 451 of whom were diagnosed as smear negative TB cases. To evaluate the quality of chest x-rays, a team of TB CARE I and CENAT cross checked x-ray films interpreted by hospital physicians as TB cases -the agreement rate between hospital physicians and CENAT cross-reader was 83.6%
	2.1.3	Lab supervision	JATA	43.200	100%	Sep	2013	Linked to 2.1.1 and 2.3.1. TB CARE I and CENAT laboratory team continue to conduct supervisory visits to TB microscopy centers identified to perform mistakes during EQA exercise.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative	Month	Year	
2.2 Ensured the availability and quality of technical assistance	2.2.1	Technical assistance for lab services	JATA	18.161	100%	Mar	2013	Completed in previous quarters. Dr Satoshi Mitarai from JATA/RIT Tokyo visited Cambodia from 1-5 Sept 2013 to assess LED fluorescent microscopy (FM) and GeneXpert MTB/Rif (Xpert) performance in TB CARE project sites.




Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1	GeneXpert	JATA	69.545	 100%	Sep	2013	During this report period, Xpert assays were performed on 583 cases (147 previously treated TB cases and 436 other high risk TB suspects). Among the 583 cases, 122 were detected as MTB+ and 17 as MDR-TB cases. All these patients were registered for TB and MDR-TB treatments. The Xpert RIF resistance rate is 2.9% and the error rate is 5%.
	2.3.2	LED microscopy	JATA	87.320	 100%	Sep	2013	TB CARE I continues to monitor LED microscope implementation. During this quarter, TB CARE I lab officer and CENAT staff made several field visits to LED microscope centers to distribute lab reagents, and supervise lab activities such as techniques of smear staining and fixing, microscope reading. During this report period, 23,122 samples (22,509 new and 613 follow up cases) were examined by LED microscopes. 9.6% (2233/23122) of these samples were read as positive for TB.
					 100%			







3. Infection Control				Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader			Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	TB-IC: Implementation	FHI360	20.674	 100%	Sep	2013	During the reporting period, joint supportive supervision was made to 11 HCs of Kampong Cham and Chamkar Leu OD to improve the referral of TB suspects from the community, to strengthen the recording and reporting system and to monitor the progress of TB infection control practice at the HC level. Good progress was made compared to the previous visits, in terms of TB IC practice. HC staff provided priority service to TB suspects/patients to minimize the length of time spent in the HC to reduce the transmission to the others. In addition, the simplified checklist for TB infection control at community level continues to be used by DOTS watchers as a tool to observe practices of TB patients and to give feedback/ suggestion for improving TB-IC practice at home and in the community.
	3.2.2	TB-IC: TA and ToTs	FHI360	31.397	 100%	Dec	2012	Completed in previous quarters. This is linked to Activity 3.2.1. Ms Stella Kirkendale from FHI/HQ visited Cambodia from 4-21 Dec 2012 to provide technical assistance and facilitate two pilot training of trainers (TOTs) on adaptation, use and scale-up of the Simplified Checklist for TB Infection
	3.2.3	TB-IC: Communications	FHI360	58.474	 100%	Sep	2013	The SAKSIT end-line survey to assess the effectiveness of the SAKSIT communication campaign was completed and the report is available. Moreover, a 45-minute comedy video to promote TB awareness and to seek health care at the nearest health facility was produced and burned into 450 VCDs for distribution to DOTS volunteers, HC staff, and TB partners. The video will be screened at community level in the next quarters.
					 100%			



4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	PMDT: Trainings & supervision	WHO	56.566	 100%	Sep	2013	Ongoing supervision and on-the-job training are being conducted to cover all 24 provinces and at least six MDR-TB treatment sites every quarter, including visits by supervisors to at least 10 patients' homes. Nursing officers and physicians of CHC (NGO) visit every DRTB patient at their home every 15-30 days. This quarter, WHO/ TB CARE I and CHC started monitoring delays in initiation of DRTB treatment and death reviews.
	4.1.2	PMDT: Sensitization workshop for C-DOTS partners	WHO	7.554	 100%	Sep	2013	C-DOTS partners were included in the countrywide "massive training" of all NTP staff conducted by CENAT in late 2013. Among other topics, the training covers PMDT including suspect criteria, diagnosis process and treatment of MDR-TB.
	4.1.3	PMDT: Local TA (CHC)	WHO	60.499	 100%	Sep	2013	Staff of Cambodia Health Committee (CHC), a local NGO which is a subrecipient of WHO, continues to provide technical support for community-based PMDT.
	4.1.4	PMDT: Enablers	WHO	160.350	 100%	Sep	2013	CHC continues to conduct home visits and provide enablers such as food support to around 150 DR-TB patients per month as planned. The target is to visit all patients on DR-TB treatment at least once a month to ensure high treatment success rates and avoid catastrophic costs to patients.
	4.1.5	PMDT: Drugs and supplies	WHO	180.484	 100%	Sep	2013	The procurement contract was signed between WHO and GDF/IDA and the money was transferred. The first products delivery was done in June 2013 and the next shipments will get delivered based on an agreed schedule.
					 100%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	HIV testing of TB patients	WHO	45.200	 100%	Sep	2013	TB CARE I supports HIV testing of TB patients in 21 (27%) of the total 77 ODs in the country. As per annual NTP reports, in 2012, 80.4% of the TB patients notified to the NTP were tested for HIV, compared to 81% in 2011. New annual report on HIV testing of TB patients for 2013 will become available in March 2014.
					 100%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	e Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.1	NTP partner coordination	JATA		 100%	Sep	2013	<p>TB CARE I continued to assist Cambodia NTP to organise and participate in several coordination meetings such as on PPM, national strategic plan development, development of training curriculum for refresher training of NTP staff, and regular meetings of the MDR-TB and Laboratory technical working groups.</p>
	6.2.2	Resource mobilization for NTP	WHO	24.860	 100%	Sep	2013	<p>TB CARE I coordinated and assisted partners to draft and submit proposals for funding from TB REACH Wave 4 (WHO/ CIDA) for innovative case finding. Two partners (SHCH and HEAD) were successful in Stage 1 of the grant-mobilization process while a third partner (CATA) decided to seek funds from Wave 3 Year 2, later in 2014.</p> <p>NTP submitted an interim funding application to the Global Fund for the period April-Dec 2014, to cover the period following the end of the current GF grant in March 2014. TB CARE I assisted CENAT (Principal Recipient) to respond to questions from the Global Fund, as part of the grant negotiation process for interim application.</p> <p>TB CARE I assisted CENAT to deliberate on the new strategic plan (2014-2020), which will be a critical document for mobilizing resources from the new funding mechanism of the Global Fund (standard application).</p>
					 100%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	e-TB manager for PMDT	MSH	120.630	 75%	Sep	2013	<p>E-TB manager: The e-TB manager web space is being validated through entering of data into the system from 9 PMDT sites for DR-TB cases registered since 2011 and DR-TB suspects notified since January 2013. Main activities completed during this period includes: (a) 9 of 11 MDR-TB treatment sites and 3 laboratories are implementing e-TB Manager while the remaining two sites are not functional at the moment because no patient is registered. (b) 90% of DR-TB patients enrolled since 2011 are uploaded into e-TB Manager (c) Monthly supervision to e-TB Manager implementation sites is being conducted regularly to support health staff at PMDT sites in data entry and provide on the job training. (d) New Data Analysis Tool has been deployed into Cambodia web space for testing and generating reports according to the customization requested by NTP of Cambodia. Graphs showing the transactions and MDR-TB cases entered in e-TB manager system can be seen in section 6 (Photo Album/Charts) of this report.</p> <p>Challenges include the following (a) Not all DR-TB suspects are not captured in the system because lab staff do not record some DR-TB suspects referred from non DR-TB sites (e-TB Manager is available only in 9 DR-TB sites). (b) Quality of data is still limited as the capacity of PMDT staff is still limited and new feature of e-TB Manager System is not fully customized according to the new WHO definitions and NTP Quarterly Report for PMDT. On-going technical support from MSH advisors (IT and programmatic) is planned to address this .</p>
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	NTP peer review	FHI360	29.960	 100%	Sep	2013	Completed in previous quarters. Peer-reviews were previously conducted by a team from CENAT and TB CARE I as a means to verify data reported by the ODs to the NTP. Two randomly selected ODs were visited by the team in early 2013 after which this activity was discontinued. CENAT intends to continue with this activity on their own as a part of their ongoing supervisory visits.
	7.2.2	Knowledge exchange: international travel	FHI360	20.132	 100%	Nov	2013	Completed in previous quarters. Eight abstracts, including two oral presentations submitted by TB CARE I Cambodia staff have been accepted for the 44th Union World Conference on Lung Health. Three TB CARE staff (one each from JATA, FHI 360, WHO) and one from the NTP plan to participate in the conference to be held in Paris from 30 Oct-3 Nov 2013.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	OR workshop: Protocol development	KNCV	33.487	 100%	Feb	2013	Completed in previous quarters. Dr Jacques v.d. Broek and Dr Edine Tiemersma from KNCV, facilitated a protocol development workshop in February 2013 during which three OR protocols were developed.
	7.3.2	OR workshop: data analysis and report	KNCV	33.487	Cancelled	Sep	2013	Cancelled
	7.3.3	OR: Mentoring and operational costs	KNCV	80.498	 50%	Sep	2013	Started after the workshop (Activity 7.3.1). However, OR studies could not be conducted as planned because of delays in finalising the protocols and obtaining approval from the NTP and the national ethics committee. Previously postponed for 2014, this is now cancelled following submission of a revised budget in Dec 2014 to reduce the total costs for APA4.
					 85%			

Total Approved Staffing & Operations Budget	995.348
Grand Total Approved Project Budget	3.448.004

## Quarterly MDR-TB Report

Country	Cambodia
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Period	October-December 2013
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### MDR TB cases diagnosed and put on treatment in country

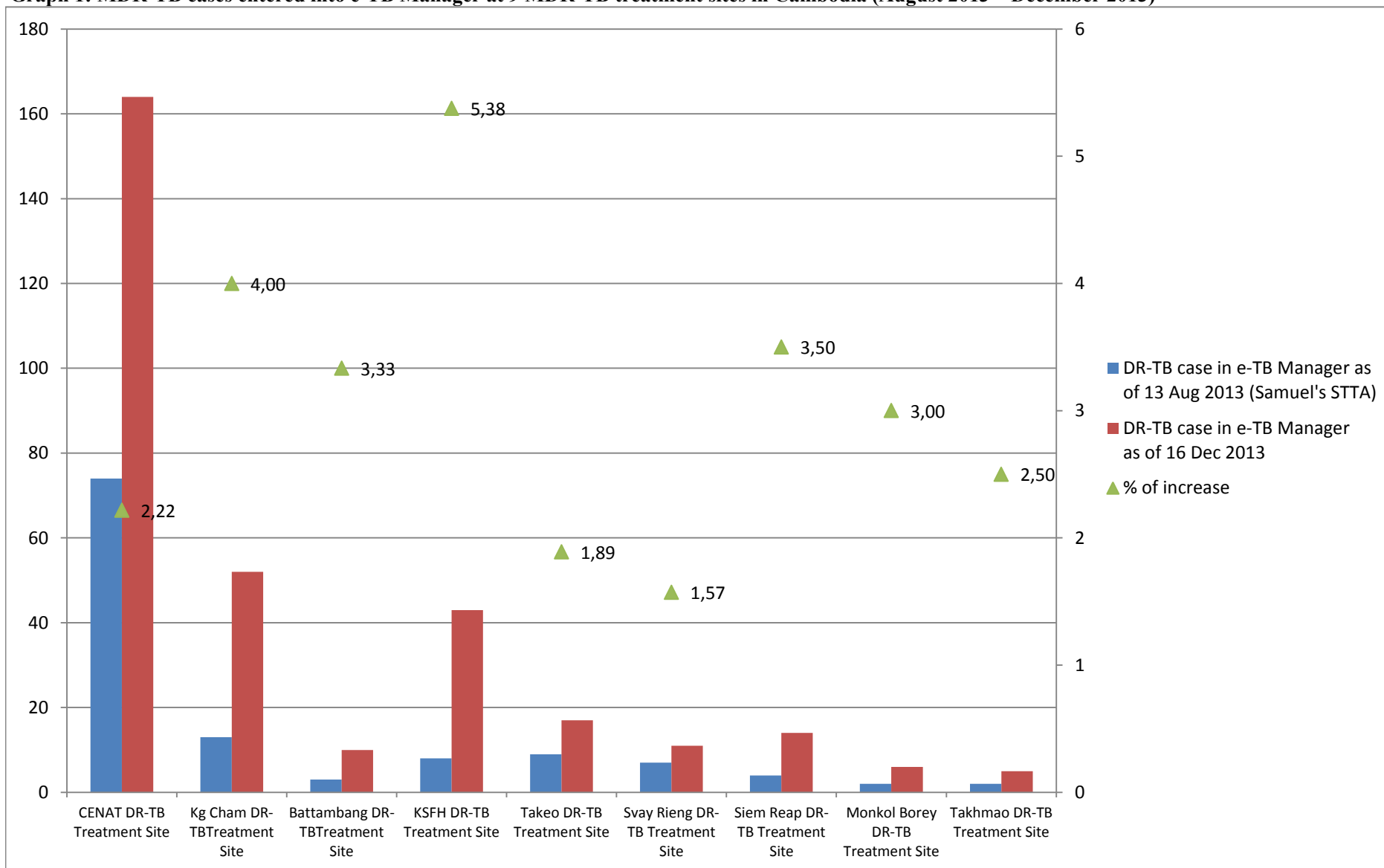
Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	31	41	During calendar year 2013, a total of 144 cases were initiated on standard second line drug regimen. Of the 144 cases, 122 were lab confirmed MDR-case (GX or DST).
Total 2011	56	83	
Total 2012	117	110	
Jan-Mar 2013	22	18	
Apr-Jun 2013	29	28	
Jul-Sep 2013	35	34	
Oct-Dec 2013	45	42	
Total 2013	131	122	

## 6. TB CARE I-supported International Visits (technical and management-related trips)

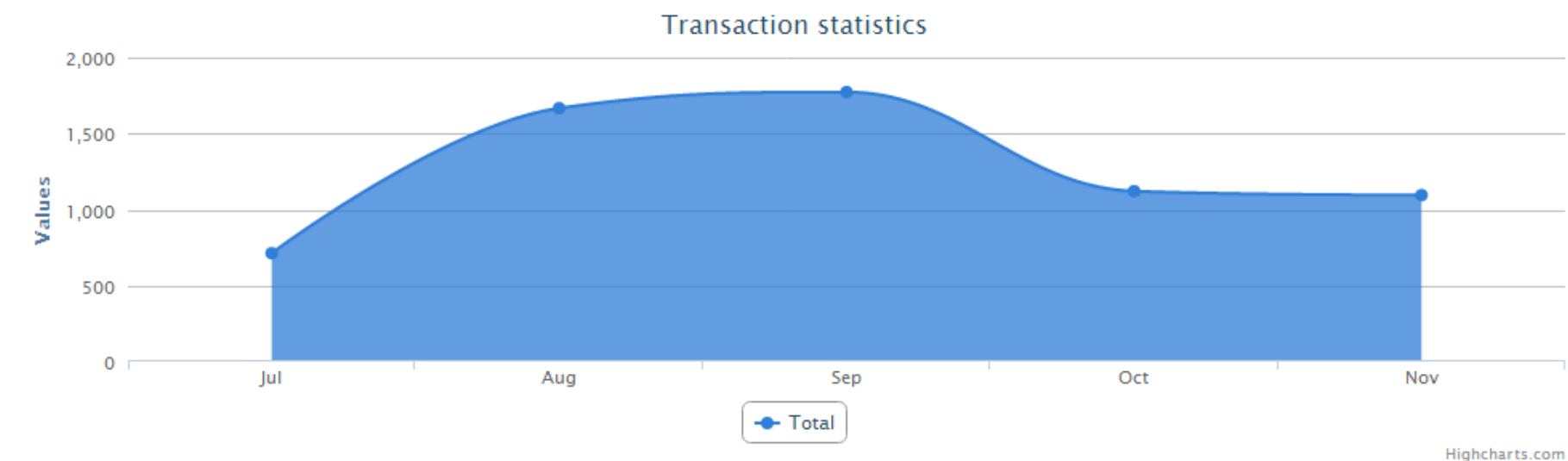
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks
1	JATA	2.2.1	Hiroko Matsumoto	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	dec-12	N/A	N/A	2.2.1 - One person completed the trip instead of two planned initially
2	JATA	2.2.1	Satoshi Mitarai	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	TBD (Joint trip with 2.2.1 or separate trip)	Completed	1-5 Sept 2013	
3	JATA	2.1.2.6	Akira Shimouchi	To provide TA on X-ray	jan-13	Completed	12-23 August 2013	Changed to Dr Hirao
4	JATA	2.1.2.6	Akira Shimouchi or Yoshimatsu	To provide TA on childhood TB	mei-13	Completed	22-26 April	Dr S. Yoshimatsu
5	FHI	3.2.2	Stella Kirkendale	TA from community engagement consultant, including for two ToTs in TB-IC	dec-12	Completed	4-21 Dec 2012	
6	KNCV	7.3.1	Jacques van den Broek & Edine Tiemersma	To conduct first OR workshop to develop protocols based on NTP research agenda	feb-13	Completed	17-24 Feb 2013	
7	KNCV	7.3.2	Jacques van den Broek & Edine Tiemersma	To conduct second OR workshop on data analysis, presentation of results, and writing scientific papers	sep-13	Cancelled	N/A	
8	MSH	7.1.1.19	Kinyanjui, Samuel	Insure that e-TB manager pilot implementation is documented and lessons learnt are shared out with key stakeholders	feb-13	Completed	13-24 May 2013	
9	MSH	7.1.1.35	Kinyanjui, Samuel	Support the scale up of e-TB manager activities to all 11 PMDT sites	aug-13	Completed	1st August 13th 2013	
10	MSH	7.1.1.30	Silvastava	Support the scale up of e-TB manager activities to all 11 PMDT sites	feb-13	Postponed	N/A	Now planned for Jan 2014
11	WHO	6.2.2	Nunn, Paul	Draft new strategic plan (2014-2020), which would form the basis for drafting proposals for funding from various sources, especially the Global Fund	Oct-Dec 2013	Completed	1 May - 7 July 2013	
Total number of visits conducted (cumulative for fiscal year)						9		
Total number of visits planned in workplan						11		
Percent of planned international consultant visits conducted						82%		

## Quarterly Photos (as well as tables, charts and other relevant materials)

Graph 1: MDR-TB cases entered into e-TB Manager at 9 MDR-TB treatment sites in Cambodia (August 2013 – December 2013)



**Graph 2: e-TB Manager Transactions in eight Cambodian provinces, July 2013 – November 2013**



Province	Monthly distribution					
	2013					Total
	Jul	Aug	Sep	Oct	Nov	
Banteay Meanchey	11	15	85	1	3	115
Battambang	36	129	27	12	31	235
Kampong Cham	15	376	91	192	16	690
Kandal	16	6		23	12	57
Phnom Penh	516	1,017	1,551	867	997	4,948
Siemreap	29	6	18	6	14	73
Svay Rieng	18	5	1	20	22	66
Takeo	72	113				185
<b>Total</b>	<b>713</b>	<b>1,667</b>	<b>1,773</b>	<b>1,121</b>	<b>1,095</b>	<b>6,369</b>

## Quarterly Report on Global Fund Engagement

<b>Country</b>	<b>Cambodia</b>	<b>Period</b>	<b>October-December 2013</b>
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<b>Current Global Fund TB Grants</b>				
<b>Name (i.e. Round 10 TB)</b>	<b>Average rating*</b>	<b>Current rating</b>	<b>Total approved amount</b>	<b>Total dispersed to date</b>
Round 7 TB	A2	A1	18.144.306	18.125.883

\*Since January 2010

### **In-country Global Fund status - key updates, challenges and bottlenecks**

During the quarter, NTP submitted an interim funding application to the Global Fund for \$ 3 million to cover the period April-Dec 2014. The application is mainly an extension to continue with activities after the end of the current GF grant in March 2014. Following the end of the interim funding period, Cambodia will apply as a standard applicant with full expression of needs.

TB CARE I/APA4 workplan was revised following submission of CENAT's interim funding application. Activities that were previously supported by TB CARE I and which have now been included in the interim application were excluded or revised. This includes funding for activities related to EQA for sputum microscopy, supervision of laboratory activities, and HIV testing of TB patients

### **TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work**

TB CARE I assisted CENAT (Principal Recipient) to respond to questions from the Global Fund, as part of the grant negotiation process for interim application. TB CARE I is also assisting CENAT to prepare for future application to the GF including leading the development of the next national strategic plan (NSP) for TB control (2014-2020) and accompanying documents to guide future applications. TB CARE I is part of the task force for the NSP development, facilitated meetings and consultation workshops, and recruited a senior consultant (Dr Paul Nunn) to coordinate and draft the first draft of the NSP during in 2013.

In 2014, TB CARE I will assist in preparation for mobilizing resources from the new funding mechanism of the Global Fund (standard application) including through finalisation of the the new NSP, preparation of concept note, and facilitation of the country dialogue process.